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ADDITION NO.			FIRST NAMED INVENTOR			ATTORNEY POCKETAIO		
APPLICATION NO.	91/07/2002					ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/041,054 TITLE OF INVENTION: D		Darrow	11/03/200	ORT-1560 4 MBEYENE2 00000088 1	00750 10041054			
THE OF INVENTION. D	NA ENCODING THE HOR	AAN SERINET RO	TEASE I		01 FC:150 02 FC:150			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1330		\$300)	\$1630	11/24/2004	
. EXAMINER ART UN			T CLASS-SUBCLASS		CLASS			
MOORE, WILLIAM W 165				435-069	100			
1. Change of correspondence CFR 1.363). Change of correspond	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Ortho-McNeil Pharmaceutical, Inc. Raritan, New Jersey								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗷 Corporation or other private group entity 🖵 Government								
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Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
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Authorized Signature	July S.	<u> </u>			Date OC	tober 29,	2004	
Typed or printed name Linda S. Evans Registration No. 33, 873								

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